

Township of Bridgewater

Request for Certified Copy of a Vital Record

A **certified copy** of a vital record event is issued to those individuals who have a direct link to the individual(s) named on the vital record event, as identified in Governor McGreevey's Executive Order 18, and provided that the requestor is able to identify the vital record and can provide proof of his identity and relationship. A Certified Copy will contain the raised Seal of the Township of Bridgewater and can be used for legal or identification purposes.

PLEASE TYPE OR PRINT CLEARLY. PROOF OF IDENTITY IS REQUIRED. MAKE CHECK OR MONEY ORDER PAYABLE TO BRIDGEWATER TOWNSHIP. DO NOT MAIL CASH. \$10 PER COPY.

Name of Applicant			Relationship to Person Named On Requested Record <i>(Proof may be required.)</i>		
Street Address					
City	State	Zip Code	Telephone Number		
Signature of Applicant			Date of Application		

B I R T H	Full Name of Child at Time of Birth				No. of Copies Requested	
	Place of Birth (City, Town or Township)				County	
	Exact Date of Birth		Name of Hospital (Optional)			
	Mother's Full Maiden Name			Father's Name (if recorded on the record)		
	If Child's Name Was Changed, Indicate New Name and How It Was Changed					

M A R R I A G E	Name of Husband				No. of Copies Requested	
	Maiden Name of Wife				Exact Date of Marriage	
	Place of Marriage (City, Town or Township)				County	

D P O A R T N E R S H I P	Name of Partner				No. of Copies Requested	
	Name of Partner				Exact Date Registered	
	Place Where Domestic Partnership Registered (City, Town or Township)				County	

D E A T H	Name of Deceased				No. of Copies Requested	
	Exact Date of Death		Place of Death (City, Town or Township)		County	
	Mother's Full Maiden Name			Father's Name (if recorded on the record)		